

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/582,330		Filing Date 09 June, 2006		<input type="checkbox"/> To be Mailed					
				Applicant(s) SUMIYA, HITOSHI						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/26/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1					51					
2				1				52					
3				2				53					
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7				1				57					
8				1				58					
9				1				59					
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11				1				61					
12		1						62					
13			1					63					
14			2					64					
15			2					65					
16			2					66					
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48								98					
49								99					
50								100					
Total Indep		5						Total Indep					
Total Depend			22					Total Depend					
Total Claims			27					Total Claims					

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